# COMMONWEALTH OF KENTUCKY
## OFFICE OF MINE SAFETY AND LICENSING

**FOURTH REVISION OF**

# RULES GOVERNING
# MINE EMERGENCY TECHNICIAN CONTEST

## JANUARY 29, 2009

*EVERY KENTUCKY COAL MINER COUNTS*

# KENTUCKY OFFICE OF MINE SAFETY AND LICENSING
## MINE EMERGENCY TECHNICIAN CONTEST

This first draft of policies, rules and procedures for the Mine Emergency Technician (MET) contest was developed at the Harlan office of the Kentucky Department of Mines and Minerals by Wayne Collett, Ronnie McDowell and Jim Owens, on February 11, 1999. A second draft was completed and dated March 15, 1999. A third draft was completed and dated October 9, 2002.

For information on the fourth draft, dated January 29, 2009, please contact Jim Owens at the Harlan Office of Mine Safety and Licensing at 606-573-1260.

EVERY

KENTUCKY

COAL

MINER

COUNTS

KENTUCKY OFFICE OF MINE SAFETY AND LICENSING (OMSL)
MINE EMERGENCY TECHNICIAN (MET) CONTEST
POLICIES AND PROCEDURES

I. Objectives for Planning and Management of MET Contests

A. Contest Objectives

(1) The MET Contest will serve as an effective instrument for training and improving the skills required of participants in an emergency response situation.

(2) The MET Contest will provide a forum for building relationship and understanding in the area of emergency preparedness and response among labor, management, and regulatory agencies.

B. MET Contest Management Structure

A Chairman shall be appointed by the Commissioner of the Office of Mine Safety and Licensing and shall be responsible for organizing and managing the MET Contests.

(1) A contest committee, consisting of six (6) members will also be appointed by the Commissioner, to serve with the Chairman in organizing and managing the MET contests; developing contest rules.

(2) The contest committee will consist of three (3) employees from the Kentucky Office of Mine Safety and Licensing and three (3) active employees from the coal industry.

(3) The Committee shall meet at least once annually. Any member unable to attend scheduled meetings should notify the Chairman; those who fail to make notification and who miss two consecutive meetings may be removed from the Committee.

II. Qualifications and Selection of Contest Judges

A. CHIEF JUDGE AND ASSISTANT CHIEF JUDGE(S):

(1) Will be appointed by the Chairman.

(2) Will be a Kentucky Office of Mine Safety and Licensing employee possessing a valid MET instructor certificate from the Kentucky Office of Mine Safety and Licensing.

(3) Contact with MET team participants will be limited to rules interpretation only. This does not preclude the Chief Judge or

Assistant Chief Judge(s), from conducting initial M.E.T. training or annual refresher training for MET provided that such training does not include specific reference to MET contest rules or work.

B. JUDGES

(1) M.E.T. Contest Judges will hold a valid MET certificate from the Kentucky Office of Mine Safety and Licensing, or a valid EMT certificate from Kentucky Cabinet for Human Resources.

(2) The Kentucky Office of Mine Safety and Licensing will verify the qualifications of each potential contest judge.

(3) The Chief Judge will select judges (including Chairman of each contest judging team) from the list of qualified candidates. The Kentucky Office of Mine Safety and Licensing will approve the selection of judges.

(4) The Chairman of each contest judging team will be a Kentucky Office of Mine Safety and Licensing employee, unless otherwise specified by the Chairman of The Contest Committee.

(5) At least once each year, prior to the MET Contest season, the Chairman will meet with all MET judges to explain all rules, procedures, changes and interpretations.

(6) Selected judges will be trained by the OMSL prior to judging in the MET Contests. This training will include current rules interpretation and conduct.

C. CONTEST APPEALS COMMITTEE

(1) The Chief Judge will appoint the Contest Appeals Committee. Selections will be made based on MET experience and contest work.

D. CONDUCT OF JUDGES AND OTHER CONTEST OFFICIALS

(1) Each judge/contest official will maintain the confidentiality of the problem and scoring. Judges will discuss discounts and team performance with responsible contest officials only.

(2) Professional standards will be maintained at all times by judges and other contest officials.

(3) Judges and contest officials will be prompt in reporting for their assigned duties, display courtesy, and will be properly dressed for their job assignment.

# KENTUCKY OFFICE OF MINE SAFETY AND LICENSING
## MINE EMERGENCY TECHNICIAN CONTEST

## GENERAL RULES

A MET Team shall consist of two people who are currently certified as a Mine Emergency Technician (MET) and currently certified in Cardio Pulmonary Resuscitation (CPR). An additional person may be used as a patient, alternate, or substitute. If a patient is not provided by the participating teams, one will be provided by the Chief Judge.

Mine Emergency Technician (MET) teams can enter MET contests by filing a pre-registration form and submitting the entry fee payment to the contest sponsor.

During registration at the MET contest, participating teams shall present proof of current MET and CPR certification. The teams shall also identify members who will be serving as Primary MET, Secondary MET and patient. (Patients will be provided by the Chief Judge if necessary). Changes in these assignments cannot be made after registration, unless approved by the Chief Judge. Teams will also draw numbers during registration to determine order of performance.

Teams will be required to perform problems while utilizing infection control skills and equipment. After problem completion, teams will be required to remove all used and unused material from the field, in accordance with infection control techniques and proper equipment storage. (Note: trash bags can be used in lieu of biohazard bags during the contest).

After registration, participating teams will be placed under guard at a location designated by the Chief Judge. They will remain under guard until time to work the problem.

Any team member receiving unauthorized information concerning a contest problem while under guard or traveling to their work station shall be disqualified by the Chief Judge and Final Appeals Committee.

Each participating team, once notified will have 20 minutes for reviewing the Score Cards and to prepare any protest. All protests shall be in writing and shall state the discount in question, the score card involved, and their reference proof (either the specific page in the Brady Approved Text and/or the rule book) to support their protest. All protests will be considered by the final Appeals Committee. A decision by the Final Appeals Committee is binding and final. Protest sheets will be furnished to the teams by the Judges for the recording rules infractions or discounts assessed to teams.

MET teams will be judged on: recommended functions and skills, the written examination and actual work time for problem completion.

Participants will be required to furnish their own First Response Kit and the following listed articles from the MET/EMT Station. Listed below is the equipment required.

FIRST RESPONSE KIT
MINIMUM EQUIPMENT LIST

| | |
|---|---|
| 4 | Adhesive Tape, 1" x 10 yds. |
| 1 | Splint - Arm (full adult) |
| 1 | Splint - Leg (full adult) |
| 1 | Airways - (Oropharyngeal - 1 kit adult sizes) |
| 1 | Adult Bag Valve Mask – Assembled as much as possible) |
| 1 | Blood Pressure Cuff (Sphygmomanometer – assembled) |
| 1 | Stethoscope |
| 1 | Burn Sheet, Sterile 56” x 90” minimum |
| 2 | Cold Packs |
| 10 | Disinfectant Hand Cleaner (packets or equivalent) |
| 1 each | Small, Medium and Large Extrication Collars or (2) Adult Adjustable Collars |
| 2 | Eye Shields |
| 3 | Infection Control Kits (which shall include, but not limited to): |
| 1 | • Eye or Face shield, transparent, rigid material |
| 1 | • Protective gown or coveralls, disposable |
| 1 | • Protective foot covers, disposable |
| 1 | • Red plastic bag (biohazard) for disposal |
| 1 | • Surgeon cap, disposable |
| 1 | • Surgeon face mask, disposable |
| 1 | • Latex/vinyl examination gloves ( 1 pair per kit) |
| 4 pairs | Latex/vinyl examination gloves (in addition to kits) |
| 10 | Oval Eye Pads |
| 1 | Pocket Mask (with one-way- valve) |
| 8 | Roller Bandage Gauze, 4” x 5 yards |
| 1 | Scissors, EMT Utility |

| | |
|---|---|
| 2 | Space Blankets (disposable, weatherproof) |
| 24 | Sterile Gauze, 4” x 4” |
| 1 | Adult Suction Unit |
| 4 | Trauma Dressings, Sterile, Large |
| 12 | Triangular Bandages, Large |
| 1 | Potable Water, 1000 ML |
| 5 | Patient Care Report Forms and Pen or Pencil |
| 2 | Tourniquets |

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*(1) Aspirator, Hand Bulb with catheter
*(4) Heat Packs
*(1) Poison Antidote Kit
*(1) Roll aluminum Foil, 18”
*(6) Roller Bandage, Gauze, 4” x 5 yds.
*(2) Splints, Wire Ladder or Equivalent

* These items can be obtained from the MET/EMT Station.

The Mine Emergency Technician Team will not be allowed to bring any materials other than those stated above. This includes drafts, books, sketches or training manuals. Necessary record keeping material will be made available at the work site location by the team judges.

NOTE the following equipment will be provided by the OMSL:

- Manikins
- KED or equivalents
- Long spine boards with straps
- Oxygen cylinders
- Oxygen masks with tubing
- Oxygen regulator and wrench
- Traction splints
- Rigid splints

Problems will be designed from the Brady Approve Text. The contest rules and skill sheets may also be subject to change by the Contest Committee.

Upon arrival at the contest field, the MET team will introduce themselves to the judges and identify the primary and secondary MET. The team will place their patient in the designated area. The chairman of the judges will furnish a copy of the hearsay statement to the primary MET after the clock has been started. The MET team will not be allowed to lay out their equipment or don any infectious control equipment or apparel until after the clock has started.

Problems may be designed with life-threatening injuries or medical problems that require immediate attention of the MET member(s), prior to systematic patient assessment/examination by the MET team.

Conditions, signs and symptoms associated with patient injuries or illnesses will be provided to the Primary MET by the contest judge.

Ventilation, cardiac arrest and oxygen therapy problems will be performed on manikins provided by the OMSL. Live patients will not be used for these skills.

All manikins shall be thoroughly cleaned after each use by the contest grounds crew. Alcohol preps and paper towels will also be furnished by the contest grounds crew.

*Skill Evaluation Station*

In addition to the skills performed during working of the problem, one or both METS may be required to perform one or more of the following skills at the Skill Evaluation Station:

Bag Valve Mask Ventilation - Skill Sheet Number 2
Oxygen Administration - Skill Sheet Number 4
Mouth to Mask Ventilation - Skill Sheet Number 5
Suctioning - Skill Sheet Number 8
Bleeding Control, Bandaging, and Splinting - Skill Sheets No. 9 thru 12J
Two Man Direct Ground Lift – Skill Sheet Number 13
Adult 1-Rescuer CPR - Skill Sheet Number 14
Complete Airway Obstruction (Conscious Patient) - Skill Sheet Number 15
Airway Obstruction (Victim Loses Consciousness) - Skill Sheet Number 16
Obstructed Airway (Unconscious Victim-Unwitnessed) - Skill Sheet Number 17
Adult Two Rescuer CPR – Skill Sheet Number 18
Establishing Airway , Suspected Cervical Injury – Skill Sheet Number 19

Note: BSI Precautions must be taken while performing the above skill(s) and total time will be recorded for completing skill(s).

## Contest Judging

A judge appointed by the Chief Judge will be placed in the team lock-up area and may examine and check each team's equipment. Any items not found in accordance with requirements will result in team discounts.

At least two (2) judges will be assigned to each team while working the problem and an additional person may serve as timekeeper. However, one of the two judges can assume the timekeeper's duties if necessary. Both judges must be Mine Emergency Technicians (MET) as certified by the Kentucky Office of Mine Safety and Licensing. One of the judges will serve as Chairman and will gather all data and material from the other judge upon completion of the problem.

Judges shall give full attention to teams during working of the problem but any unnecessary communication is prohibited. Judges shall not be affiliated with any of the participating teams or organizations.

The performance of MET teams while working problems will be judged by the use of MET contest skill sheets developed by the MET Contest Committee. These skill sheets will be provided to all interested persons prior to the first MET Contest. Any discounts will be noted on one or more of the following score cards:

Scorecard A---------Recommended Functions and Critical Skills
Scorecard B---------Skill Evaluation Station
Scorecard C---------Written Examination
Scorecard D---------Time for Problem Completion

At least two judges must concur on the assessment of team discounts. Judges will not discuss discounts with participating teams prior to the appeals process.

NOTE: All contest material and skill sheets shall be signed by the judges and delivered to the score card examiner for reviewing.

## Written Examination

The written examination shall consist of 20 or less multiple choice questions and/or "fill in the blank" taken from the Brady Approved text. The questions may be taken from one or more of the textbook chapters. However, no questions will be taken from Chapters 12,13, & 14.

One or more judges shall administer the written exam.

Twenty minutes shall be allowed for taking the written examination. Judges are not allowed to explain the meaning of a question or any wording.

The Primary and Secondary MET from each participating team must take the written examination. Patients are not allowed to take written examinations.

While taking the written examination, team members will be separated in an effort to prevent discussion of questions and answers.

## WRITTEN EXAMINATION

**Rule 1** Written Exam: For each incorrect answer ----------One (1) Discount.

## GENERAL RULES DISCOUNTS

**Rule 1** Failure to identify team members roles; Primary MET, Secondary MET and Patient (if provided)----------Five (5) Discounts.

> Prior to starting the contest clock, team member will declare to the contest judge, which member will serve as Primary and Secondary MET.

RULE 1 CLARIFICATION

The Secondary MET may be directed by the Primary MET to assist in performing some of the recommended functions and critical skills. Example: While performing patient assessment on the leg, the Primary MET may be informed by the judge that profuse bleeding is occurring in the femur area. The Secondary MET may be instructed by the Primary MET to continue with patient leg assessment, but to not go beyond that recommended function, while the Primary MET takes action to stop the bleeding.

**Rule 2** Failure to declare role change of team members to the contest judge, while performing problem (Example: Primary changes to Secondary MET)---Five (5) Discounts.

Team members may change from Primary to Secondary MET while working the problem, but the judge must be informed prior to the change taking place.

RULE 2 CLARIFICATION

When the Primary MET calls for a change from Primary to Secondary, the Secondary MET becomes the Primary MET and is responsible for performing recommended functions and critical skills. He then becomes responsible for directing the Secondary MET and must make the request for role reversal.

**Rule 3** Failure to make an emergency move when indicated by a card from the judge ----------Thirty (30) Discounts.

When working the problem, teams may be given cards by the judges stating life-threatening conditions or an unsafe patient location which will require an emergency move by the MET team.

Emergency moves used at ground level are the Shirt Drag, Blanket Drag and the Shoulder Drag.

**Rule 4** Unsolicited assistance lent by a patient during the working of a problem----------Five (5) Discounts.

**Rule 5** Handling a patient by a team member(s) that will compromise patient condition----------Five (5) Discounts.

**Rule 6** Any action by a team member that can be life-threatening to the patient----------Thirty (30) Discounts.

**Rule 7** Failure to comply with required inventory for first response kit (one discount for each item missing)----------One (1) discount.

**Rule 8A** Failure to use or wear infection control apparel while examining a patient----------Five (5) Discounts.

**Rule 8B** Failure to replace damaged infection control apparel (example: torn glove) while working the problem----------Five (5) Discounts.

**Rule 9** Failure of team to remove used and unused material from the contest work area within five (5) minutes of problem completion (stopping the clock)----Five (5) Discounts.

TIMING

**Rule 1** Failure of MET team to complete problem in allotted time will result in discounts for recommended functions and critical skills not completed.

**Rule 2** Performing work prior to starting the contest clock or after the clock has been stopped----------Five (5) Discounts.

A maximum of 30 minutes will be allowed to complete the problem by the team, unless otherwise specified by the Chief Judge. Upon completion of the problem, the judges and the MET team participants will note the working time of the problem.

RECOMMENDED FUNCTIONS AND CRITICAL SKILLS

MET team members shall follow infection control procedures and wear infection control apparel while performing the problem.

Teams will be judged on performance of recommended functions and critical skills and the following discounts shall apply:

**Rule 1** Failure to perform a recommended function------Minimum: 5 Discounts
Maximum: Equals total number of critical skills in function

**Rule 2** Failure to perform a critical skill----------One (1) Discount.

Skill Evaluation Station

**Rule 1** Failure to perform a recommended function----------Minimum: 5 Discounts
Maximum: Equals total number of critical skills in function

**Rule 2** Failure to perform a critical skill----------One (1) Discount.

See page 4 of this document for a list of skills that may have to be performed by one or both METS at the Skill Evaluation Station.

KENTUCKY OFFICE OF MINE SAFETY AND LICENSING
MINE EMERGENCY TECHNICIAN
CONTEST SKILL SHEETS



Note: Body substance isolation (BSI) precautions are not noted on some skill sheets, however BSI precautions must be taken while performing all skills.

PATIENT ASSESSMENT (MET) SKILL SHEET NUMBER 1

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| I. SCENE SIZE-UP | Scene Safety | | |
| | Mechanism of injury/nature of illness | | |
| | Number of patients | | |
| | Access and extrication needs | | |
| | Spinal immobilization | | |
| II. INITIAL ASSESSMENT AND TREATMENT | Verbalizes general expression | | |
| | Determines level of consciousness (AVPU) | | |
| | Determines chief complaint/apparent life threat | | |
| | Assess airway and breathing | | |
| | Initiate appropriate oxygen therapy (Verbalize) | | |
| | Assures adequate ventilation (Verbalize) | | |
| | Assess pulse | | |
| | Assess and control major bleeding | | |
| | Assess skin (color & temp) | | |
| | Identify priority patients & transport decision | | |
| III. FOCUSED HISTORY AND PHYSICAL EXAM<br><br>DCAP-BTLS<br><br>PULSE/RESP. 30 SEC. X 2<br>MUST BE WITHIN 4 COUNTS | **I. Significant MOI (Mechanism of Injury)** | | |
| | A. Rapid Trauma Assessment – (A quick head-to-Toe physical exam) | | |
| | B. Obtains baseline vital signs (bb,pulse,resp) | | |
| | C. SAMPLE History | | |
| | **II. No significant MOI (Mechanism of Injury)** | | |
| | A. Focused trauma assessment (assesses the specific patient injury) | | |
| | B. Obtains baseline vital signs (bb,pulse,resp) | | |
| | C. SAMPLE History | | |
| IV. DETAILED PHYSICAL EXAM<br><br>DCAP-BTLS | Assess the head | | |
| | Assess the neck | | |
| | Assess the chest | | |
| | Assess the abdomen/pelvis | | |
| | Assess the extremities | | |
| | Assess the posterior | | |
| V. VERBALIZE NEED FOR ONGOING ASSESSMENT | | | |
| VI. VERBALIZE PATIENT HAND OFF USING E.S.A.M.P.L. ACRONYM | | | |

BAG VALVE-MASK VENTILATION (MET) SKILL SHEET NUMBER 2

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. BSI | Take BSI precautions | | |
| 2. SCENE SIZE-UP | Performs scene size-up | | |
| 3. DETERMINE UNRESPONSIVENESS | Determine unresponsiveness | | |
| 4. AIRWAY-BREATHING | Open patient's airway and assess breathing | | |
| 5. VENTILATE PATIENT | Ventilate patient with two breaths | | |
| 6. CHECK CIRCULATION | Check circulation/carotid pulse | | |
| 7. VENTILATION PATIENT | Ventilate patient every 5 seconds (while measuring and inserting OPA and assembling BVM) | | |
| 8. SELECT OPA | Determine the proper size OPA (between ventilations) | | |
| 9. INSERT OPA | Insert the OPA upside down | | |
| 10. ROTATE OPA | Rotate the OPA 180 degrees clockwise until the flange rests on patient's teeth (between ventilations) | | |
| 11. REASSESS AIRWAY AND BREATHING | Reassess the patient's airway and breathing | | |
| 12. SELECT BVM | Select the correct size BVM for the patient (between ventilations) | | |
| 13. POSITION MASK | Position the mask, creating a proper mask-to-face seal, make sure the bag is connected to the mask. | | |
| 14. VENTILATE PATIENT | Squeeze the bag until the patient's chest rises. (If you are alone, compress the bag against your thigh. If you are with a partner, hold the seal while your partner compresses the bag with two hands.) **NOTE: Ventilate the patient, making sure the chest rises and that you hear air escaping during exhalation…If your patient gags, remove the OPA** | | |

BSI - Body Substance Isolation
BVM - Bag Valve Mask
OPA - Oropharyngeal Airway

CERVICAL SPINE SPLINT (KED) (MET) Skill Sheet Number 3

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. POSITIONING | A. M.E.T. 2 – Take stability position and on command from M.E.T. 1, move patient into proper position and maintain support until chest straps are fastened and snug | | |
| 2. APPLICATION OF EXTRICATION DEVICE BY MET 1 | A. Apply extrication collar | | |
| | B. Slide device behind patient and into proper place (centered) and snug under arm pits | | |
| | C. Fasten bottom two straps (red and yellow) | | |
| | D. Place leg straps, pass straps around thigh and fasten on same side with thighs padded | | |
| | E. Pad behind head and fasten forehead strap | | |
| | F. Fasten top chest strap (green) | | |
| | G. Ensure all three front straps are snug | | |
| 3. LIFTING | A. Both M.E.T.'s lift under armpits and thighs and transfer patient to stretcher or long board. | | |

OXYGEN ADMINISTRATION (MET) Skill Sheet Number 4

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. BSI | Take or verbalize BSI precautions | | |
| 2. AIRWAY MAINTENANCE | Maintain patient's airway and breathing | | |
| 3. CHECK OXYGEN SOURCE | Check for medical $0_2$ while maintaining stability of tank | | |
| 4. SEAL REMOVAL | Remove the protective seal from the tank | | |
| 5. CLEAN VALVE | Open and shut valve quickly to clean away debris | | |
| 6. REGULATOR ASSEMBLY | Assemble regulator-flowmeter to tank | | |
| 7. OPEN TANK VALVE | When regular is hand-tight, open tank valve by making one-quarter turn | | |
| 8. ATTACHED MASK OR NASAL CANNULA | Attach the proper delivery device (non-rebreather mask or nasal cannula) to the flowmeter | | |
| 9. ADJUST FLOWMETER | Open the flowmeter to the desired setting (non-rebreather mask – 15 liters per minute and verify bag is filled: nasal cannula – 6 liter per minute) | | |
| 10. DELIVERY DEVICE APPLICATION (MASK OR NASAL CANNULA) | Apply delivery device to the patient and administer oxygen | | |
| 11. PREVENTION OF BLOOD LOSS | Prevent any further blood loss | | |
| 12. POSITION PATIENT | Properly position the patient (shock position unless contraindicated) | | |
| 13. COVER PATIENT | Cover the patient with a blanket | | |
| 14. TRANSPORT | Arrangement for immediate transport | | |

BSI – BODY SUBSTANCE ISOLATION

MOUTH-TO-MASK VENTILATION (MET) Skill Sheet Number 5

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. PERFORM SCENE SIZE-UP | A. Takes BSI precautions | | |
| | B. Checks scene safety | | |
| | C. Mechanism of injury/nature of illness | | |
| | D. Number of patients | | |
| | E. Access and extrication needs<br>F. Spinal immobilization | | |
| 2. ASSESS LEVEL OF CONSCIOUSNESS | A. Shouts "Are you OK?" | | |
| | B. Taps or gently shakes shoulders (does not compromise c-spine) | | |
| | C. Determine unresponsiveness. AVPU<br>Activates EMS System | | |
| 3. ESTABLISH AIRWAY | Correctly executes head-tilt / chin-lift or jaw-thrust maneuver depending on c-spine injury | | |
| 4. CHECK PATIENT'S BREATHING | A. Look, listen, and feel for air exchange | | |
| | B. Determines absence of breathing 5-10 seconds | | |
| | C. Maintains airway | | |
| 5. VENTILATES PATIENT | A. Place and seal mask on patient | | |
| | B. Ventilates patient 2 times (1 second per breath) | | |
| | C. Maintains airway | | |
| | D. Considers $0_2$ therapy | | |
| 6. CHECKS FOR CAROTID PULSE | A. Correctly locate area of carotid pulse | | |
| | B. Slides 2 or 3 fingers into groove on same side of neck as rescuer | | |
| | C. Maintain open airway and indicate presence of pulse | | |
| 7. CONTINUE VENTILATIONS | A. Determines need to continue ventilations only | | |
| | B. Maintain open airway | | |
| | C. Maintain adequate seal with pocket mask | | |
| | D. Continue ventilations for at least one minute | | |
| | E. Deliver one breath every 5 to 6 seconds (10-12 breaths per minute) | | |
| 8. EVALUATE PULSE | A. Periodically (at least twice a minute) evaluates continued presence of pulse | | |

BSI – BODY SUBSTANCE ISOLATION

LOG ROLL (MET) Skill Sheet Number 6

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. STABILIZE HEAD | A. M.E.T. #1 will stabilize the head and neck and will direct the others to roll the patient as a unit, on command at appropriate time. | | |
| | B. M.E.T. #2 will set collar in place | | |
| | C. M.E.T. #2 will secure collar | | |
| 2. PREPARING THE PATIENT | A. M.E.T. #3 will place a long backboard parallel to the patient | | |
| | B. M.E.T. #2 will kneel at the level of the victim's shoulders on the side opposite the board leaving room to roll the patient toward knees | | |
| | C. If the patient's arm nearest the rescuer is not injured, the second M.E.T. will raise the arm above the patient's head. | | |
| 3. POSITIONING OF RESCUERS | A. M.E.T. #2 grasps the patient at the shoulder and hip areas | | |
| | B. M.E.T. #3 will grasp the patient above the knees and near the ankles (Met #1 maintains head stabilization) | | |
| 4. ROLLING THE PATIENT | A. On command from the M.E.T. stabilizing the head, the patient is rolled toward the rescuer by pulling steadily and evenly at the shoulder and pelvis area. | | |
| | B. The head and neck should remain on the same plane as the torso | | |
| | C. M.E.T. #2 must maintain stability by holding patient with one hand and positioning board with other. | | |
| | D. Roll the patient as a unit onto the board (board may be slanted or flat) | | |
| | E. Place the patient's arm alongside him. | | |
| 5. SECURING PATIENT TO BOARD | A. M.E.T. #2 will secure the patient's body (torso, legs) to the already prepared board while head support is maintained | | |
| | B. M.E.T. #2 will secure the patient's head to the Board | | |
| | C. M.E.T. #2 will tie the wrists together loosely unless injury prevents | | |

## ***MUST DO BOTH SKILLS***

TWO RESCUER EXTREMITY GROUND LIFT (MET) Skill Sheet Number 7A

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. POSITIONING | A. M.E.T. 1 – kneel at the head of the patient and place one hand under each of the shoulders | | |
| | B. M.E.T. 2 – kneel by the patient's knees and grasp the patient's wrists | | |
| 2. RAISING PATIENT | A. M.E.T. 1 – push patient's shoulders up and support patient's back and head with body. | | |
| | B. M.E.T. 2 – gently pull on patient's arms, raising to a sitting position | | |
| 3. POSITIONING AND LIFTING | A. M.E.T. 1 – support patient in sitting position and slip hands under patient's arms and grasp patient's wrists | | |
| | B. M.E.T. 2 – slip hands under the patient's knees | | |
| | C. On M.E.T.1 command, M.E.T.s stand simultaneously, lifting patient with proper body mechanics | | |

SHIRT DRAG (MET) Skill Sheet Number 7B

| RECOMMENDED FUNCTION | Y | N |
|---|---|---|
| 1. M.E.T. states need for emergency move | | |
| 2. M.E.T. takes position at victim's head | | |
| 3. M.E.T. grasps shirt at the shoulder area | | |
| 4. M.E.T. drags patient in straight line | | |

SUCTIONING (MET) Skill Sheet Number 8

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. BSI | Take or verbalize BSI Precautions | | |
| 2. TURN DEVICE ON | Prepare and turn on the suction device (or equivalent) | | |
| 3. CHECK DEVICE | Assure presence of mechanical suction | | |
| 4. INSERT CATHETER | Without suction, insert the suction catheter to the base of patient's tongue | | |
| 5. BEGIN SUCTIONING | Begin suctioning while moving the tonsil tip from side to side as you remove it from the mouth | | |
| 6. SUCTION AND VENTILATE | Suction for up to 15 seconds in an adult, then ventilate for two minutes if patient is not breathing; suction again if necessary NOTE: If the suction catheter becomes clogged, rinse it out and continue | | |

DRESSING, BANDAGING, & BLEEDING CONTROL (MET) Skill Sheet Number 9

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. Take or verbalize BSI Precautions | | | |
| 2. Apply direct pressure to the bleeding wound when appropriate | | | |
| 3. Elevate the extremity, but only if there is no major injury to the underlying muscle or bone | | | |
| 4. Reassess the wound; if bleeding does not stop, apply additional pressure as needed | | | |
| 5. If bleeding continues, apply pressure to the arterial pressure point above the wound on the injured extremity | | | |
| 6. When bleeding is under control, dress and bandage appropriately | | | |
| 7. EMERGENCY CARE FOR AN OPEN WOUND | A. Expose Wound | | |
| | B. Clear wound surface | | |
| | C. Continue to control bleeding | | |
| | D. Prevent further contamination | | |
| | E. Keep patient lying still | | |
| | F. Reassure the patient | | |
| | G. Treat for shock | | |
| 8. APPLY DRESSING | A. Use sterile dressing(Appropriate for Wound) | | |
| | B. Cover entire wound | | |
| | C. Control bleeding | | |
| | D. Do not remove dressing | | |
| 9. APPLY BANDAGE | A. Bandage dressing in place after bleeding is controlled | | |
| | B. Do not bandage too tightly | | |
| | C. Do not bandage too loosely | | |
| | D. Do not leave loose ends | | |
| | E. Do not cover the tips of fingers or toes when appropriate | | |
| | F. Cover all edges of dressing<br>G. Check circulation when appropriate | | |

| | | | |
|---|---|---|---|
| 1. Proper application of dressing and bandage for top of head | | | |
| 2. Proper application of dressing and bandage for burn injury on hand | | | |
| 3. Proper application of dressing and bandage for cheek or jaw | | | |
| 4. Proper application of dressing and bandage for protruding eyeball | | | |
| 5. Proper application of dressing and bandage for hip or shoulder | | | |
| 6. Proper application of dressing and bandage for sucking chest wound | | | |
| 7. Proper application of dressing and bandage for impaled object in arm or leg | | | |
| 8. Proper application of dressing and bandage for knee or elbow | | | |
| 9. Proper application of dressing and bandage for the neck | | | |
| Each Performance Should Include: | A. Selection of appropriate dressing and bandage | | |
| | B. Sufficient wound coverage | | |
| | C. Bandage secure | | |
| | D. No loose ends | | |
| | E. Checking circulation distal to injury when appropriate | | |

BSI – BODY SUBSTANCE ISOLATION

SPLINTING (MET) Skill Sheet Number 10

| RECOMMENDED FUNCTION | Y | N |
|---|---|---|
| 1. Take or verbalize BSI precautions | | |
| 2. Apply manual stabilization to the injured extremity | | |
| 3. Assess pulse, sensation, and movement below the injury site | | |
| 4. Measure the splint, and pad it appropriately | | |
| 5. For a long-bone injury, apply the splint so that the joints above and below the injury site are immobilized.<br>For a joint injury, apply the splint so that the bones above and below the joint are immobilized. | | |
| 6. Secure the injured extremity to the splint | | |
| 7. Reassess pulse, sensation, and movement in the extremity. Document findings. | | |
| NOTE: If there is a deformity, and if the extremity below the injury is cyanotic or has no pulse, then align the extremity with gentle traction. However, if the injury site is at a joint, stop traction immediately if you feel any resistance. | | |

SPLINTING SKILLS

1. Immobilization of dislocated hip
2. Immobilization of fractured tibia, fibula or femur
3. Immobilization of fractured or dislocated ankle
4. Immobilization of fractured clavicle
5. Immobilization of dislocated shoulder
6. Immobilization of fractured humerus
7. Immobilization of dislocated elbow
8. Immobilization of fractured forearm one inch above the wrist
9. Immobilization of fractured radius or ulna

BSI – BODY SUBSTANCE ISOLATION

TOURNIQUET (MET) Skill Sheet Number 11

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. TOURNIQUETS (USE ONLY AS LAST RESORT) | MET states tourniquet will be used as a last resort for arterial bleeding | | |
| 2. LOCATE SITE FOR THE TOURNIQUET | This should be between the wound and the patient's heart, about two inches from the wound | | |
| 3. PLACE A TOURNIQUET PAD | Place a roll of dressing over an artery | | |
| 4. USE A TRIANGULAR BANDAGE | Slip triangular bandage around patient's limb and tie a half knot with the ends of the triangular bandage over the roll of dressing | | |
| 5. PLACE WOODEN DOWELL & TIGHTEN DEVICE | Tie a full knot over the wooden dowel. Turn the device until bleeding has been stopped. Do not tighten the tourniquet beyond this point. | | |
| 6. DO NOT LOOSEN DEVICE<br>7. DOCUMENT TOURNIQUET AND TIME | Tie or tape the tourniquet in place.<br>Attach a tag to the patient or write the information in ink on the patient's forehead | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - A

SPLINTING OF LOWER EXTREMITIES
(FRACTURES AND DISLOCATIONS)
IMMOBILIZATION OF DISLOCATED HIP

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF HIP DISLOCATION | A. Anterior hip dislocation | | |
| | B. Lower limb is rotated outward | | |
| | C. Hip is usually flexed | | |
| | D. Posterior hip dislocation | | |
| | E. Patient's leg rotated inward | | |
| | F. The hip is flexed | | |
| | G. The knee is bent | | |
| | H. Foot may hang loose (foot drop) | | |
| 2. CARE FOR HIP DISLOCATION | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Place folded blanket between patient's legs | | |
| | D. Bind legs together with cravats | | |
| 3. SECURING PATIENT TO LONG SPINE BOARD | A. Move patient to long spine board, use scoop style stretcher if available | | |
| | B. Immobilize limb with pillows or rolled blankets | | |
| | C. Secure the patient to board with straps or cravats | | |
| | D. Reassess pulse and sensation | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - B

SPLINTING OF LOWER EXTREMITY
(FRACTURES AND DISLOCATIONS)

IMMOBILIZATION OF FRACTURED TIBIA OR FIBULA
(USING AIR SPLINT)

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF FRACTURED TIBIA OR FIBULA | A. Obvious signs of deformity (Often absent) | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Conscious patient check for pain and tenderness | | |
| 2. CARE FOR FRACTURED TIBIA OR FIBULA | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilize fracture with air-inflated splint | | |
| 3. IMMOBILIZE FRACTURE | A. Grasp leg with one hand above the injury site and other hand below injury site | | |
| | B. Maintain support | | |
| | C. Properly apply splint | | |
| | D. Splint should be relatively free of wrinkles | | |
| | E. Check for distal pulse prior to inflation | | |
| | F. Inflate splint to point that slight dent can be made | | |
| | G. Check distal pulse after inflation | | |
| 4. MONITOR AIR-INFLATED SPLINT | A. Check for leaks | | |
| | B. Periodically check for increase or decrease in pressure | | |
| | C. Monitor pressure in splint with finger tip | | |
| | D. Make certain desired pressure is maintained | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12- C

SPLINTING OF LOWER EXTREMITY
(FRACTURES AND DISLOCATIONS)

IMMOBILIZATION OF FRACTURED OR DISLOCATED ANKLE

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF FRACTURED OR DISLOCATED ANKLE | A. Obvious signs of deformity | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Conscious patient check for pain and tenderness | | |
| 2. CARE FOR FRACTURED OR DISLOCATED ANKLE | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilize fracture or dislocation with pillow and cravats | | |
| 3. IMMOBILIZE FRACTURE OR DISLOCATION | A. Stabilize limb, lift limb, but do not apply traction | | |
| | B. Place three cravats under ankle | | |
| | C. Place pillow length wise under ankle, on top of cravats (pillow should extend 6 inches beyond foot) | | |
| | D. Lower limb, adjust cravats for tying | | |
| | E. Tie cravats distal to proximal | | |
| | F. Tie fourth cravat at arch of foot | | |
| | G. Elevate with blanket or pillow | | |
| | H. Reassess distal pulse and sensation | | |

DISTAL: Means farther away from the torso

PROXIMAL: Means closer to the torso

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - D

SPLINTING OF UPPER EXTREMITIES
(FRACTURES AND DISLOCATIONS)

IMMOBILIZATION OF FRACTURED CLAVICLE

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF FRACTURED CLAVICLE | A. Obvious signs of deformity | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Check for pain and tenderness | | |
| 2. CARE FOR FRACTURED CLAVICLE | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilize fracture with a sling and swathe | | |
| 3. IMMOBILIZING FRACTURE | A. Place sling over patients chest and under arm | | |
| | B. MET 2 should hold or stabilize arm | | |
| | C. Triangle should extend behind elbow on injured side | | |
| | D. Pull sling around neck until hand is elevated and tie on uninjured side | | |
| | E. Secure excess material at patients elbow | | |
| | F. Patients fingertips should be exposed | | |
| | G. Check for pulse and nerve function | | |
| 4. SECURING SLING WITH SWATHE | A. Use triangle cravat | | |
| | B. Swathe is tied around chest and injured arm | | |
| | C. Reassess distal pulse | | |
| | D. Reassess sensation | | |
| | E. Treat for shock | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - E

SPLINTING OF UPPER EXTREMITY
(FRACTURES AND DISLOCATIONS)

IMMOBILIZATION OF DISLOCATED SHOULDER (ANTERIOR)

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF DISLOCATED SHOULDER | A. Obvious signs of deformity | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Check for pain and tenderness | | |
| 2. CARE FOR DISLOCATED SHOULDER | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilize dislocation with appropriate padding, sling and swathe | | |
| 3. IMMOBILIZING DISLOCATED SHOULDER | A. Place appropriate padding between arm and chest | | |
| | B. Place sling over appropriate padding and rest arm in position | | |
| | C. MET 2 should hold or stabilize arm | | |
| | D. Triangle should extend behind elbow on injured side | | |
| | E. Pull sling around neck until hand is elevated and tie on uninjured side | | |
| | F. Secure excess material at patients elbow | | |
| | G. Patients fingertips should be exposed | | |
| | H. Check for pulse and nerve function | | |
| 4. SECURING SLING WITH SWATHE | A. Use triangle cravat | | |
| | B. Swathe is tied around chest and injured arm | | |
| | C. Reassess distal pulse | | |
| | D. Reassess sensation | | |
| | E. Treat for shock | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - F

SPLINTING OF UPPER EXTREMITY
(FRACTURES AND DISLOCATIONS)

IMMOBILIZATION OF FRACTURED HUMERUS

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF FRACTURED HUMERUS | A. Obvious signs of deformity proximal, distal or midshaft of humerus | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Check for pain and tenderness | | |
| 2. CARE FOR FRACTURED HUMERUS | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilize fractured humerus with sling and swathe | | |
| 3. IMMOBILIZING A FRACTURED HUMERUS | A. Place sling over patients chest and place arm over sling | | |
| | B. MET 2 should hold or stabilize arm at a 90 degree angle | | |
| | C. Triangle should extend behind elbow on injured side except for midshaft fracture | | |
| | D. Pull sling around neck until hand is at a 90 degree angle and tie on uninjured side | | |
| | E. Secure material at patients elbow if full sling is used | | |
| | F. Patients fingertips should be exposed | | |
| | G. Check for pulse and nerve function | | |
| 4. SECURING SLING WITH SWATHE | A. Use triangle cravat | | |
| | B. Swathe is tied around chest and injured arm | | |
| | C. Reassess distal pulse | | |
| | D. Reassess sensation | | |
| | E. Treat for shock | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - G

SPLINTING OF UPPER EXTREMITY
FRACTURES AND DISLOCATIONS

IMMOBILIZATION OF A SUSPECTED DISLOCATION
OF THE ELBOW, USING A PADDED WIRE LADDER SPLINT

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF DISLOCATED ELBOW | A. Obvious signs of deformity | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Check for pain and tenderness | | |
| 2. CARE FOR A DISLOCATED ELBOW | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilize dislocated elbow using a padded wire ladder splint | | |
| 3. IMMOBILIZING A DISLOCATED ELBOW | A. Prepare wire ladder splint with appropriate padding | | |
| | B. Shape wire padded ladder splint with deformity of elbow | | |
| | C. Stabilize limb, lift limb, but do not apply traction | | |
| | D. Properly apply splint with appropriate wrap | | |
| | E. Apply wrap distal to proximal | | |
| | F. Check for distal pulse | | |
| | G. Check for sensation | | |
| 4. IMMOBILIZING A DISLOCATED ELBOW FOR TRANSPORT | A. If elbow is dislocated in a bent position apply a wrist sling and swathe if possible | | |
| | B. If elbow is dislocated in a straight position, place padding between splinted arm and body | | |
| | C. Secure splinted limb to body with two cravats | | |
| | D. Avoid placing cravats over injury site | | |
| | E. Reassess pulse and sensation | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - H

SPLINTING OF UPPER EXTREMITY
FRACTURES AND DISLOCATIONS

IMMOBILIZATION OF A SUSPECTED FRACTURE IN THE
FOREARM 1 INCH ABOVE THE WRIST

USING A SHORT RIGID SPLINT, KERLIX OR CRAVATS AND SLING

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF FRACTURE WRIST AND FOREARM AREA | A. Obvious signs of deformity | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Check for pain and tenderness | | |
| 2. CARE FOR FRACTURE OF WRIST AND FOREARM AREA | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilization of fracture to wrist and forearm area using a rigid splint | | |
| 3. IMMOBILIZING A FRACTURE TO WRIST AND FOREARM AREA | A. Selection of appropriate rigid splint of proper length | | |
| | B. Apply appropriate padding to rigid splint | | |
| | C. Place appropriate roller bandage in patients hand to ensure the position of function | | |
| | D. Properly apply splint with appropriate wrap | | |
| | E. Apply wrap distal to proximal | | |
| | F. Check for distal pulse | | |
| | G. Check for nerve impairment | | |
| 4. IMMOBILIZING FRACTURE USING SLING | A. Place sling over patients chest and under arm | | |
| | B. MET 2 should hold or stabilize arm | | |
| | C. Triangle should extend behind elbow on injured side | | |
| | D. Pull sling around neck until hand is elevated and tie on uninjured side | | |
| | E. Secure excess material at patients elbow | | |
| | F. Patients finger tips should be exposed | | |
| | G. Check for pulse and sensation | | |
| 5. SECURING SLING WITH SWATHE | A. Use triangle cravat | | |
| | B. Swathe is tied around chest and injured arm | | |
| | C. Reassess distal pulse | | |
| | D. Reassess sensation | | |
| | E. Treat for shock | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 12 - J

SPLINTING OF UPPER EXTREMITY
(FRACTURES AND DISLOCATIONS)

IMMOBILIZATION OF FRACTURED RADIUS OR ULNA
(USING AIR SPLINT)

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. IDENTIFICATION OF FRACTURED RADIUS OR ULNA | A. Obvious signs of deformity (Often absent) | | |
| | B. Obvious signs of swelling and discoloration | | |
| | C. Conscious patient check for pain and tenderness | | |
| 2. CARE FOR FRACTURED RADIUS OR ULNA | A. Check for distal pulse | | |
| | B. Check for sensation | | |
| | C. Immobilize fracture with air-inflated splint | | |
| 3. IMMOBILIZE FRACTURE | A. Grasp arm with one hand above the injury site with other hand just below injury site | | |
| | B. Maintain support | | |
| | C. Properly apply splint | | |
| | D. Splint should be relatively free of wrinkles | | |
| | E. Check for distal pulse prior to inflation | | |
| | F. Inflate splint to point that slight dent can be made | | |
| | G. Check for distal pulse after inflation | | |
| 4. MONITOR AIR-INFLATED SPLINT | A. Check for leaks | | |
| | B. Periodically check for increase or decrease in pressure | | |
| | C. Monitor pressure in splint with finger tip | | |
| | D. Make certain desired pressure is maintained | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 13

TWO MAN DIRECT GROUND LIFT

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. POSITION FOR LIFT | A. Both rescuers line up on the same side of the victim. | | |
| | B. MET 1 at victim's head, and MET 2 at victims legs and feet | | |
| 2. BOTH METS KNEEL ON KNEES | Rescuers place the same knee to the ground (both on right knee or left knee) | | |
| 3. POSITIONING OF PATIENT | MET 1 places victim's arms across victim's chest | | |
| 4. MET 1 ASSUMES PROPER POSITIONING | MET 1 cradles victim's head by placing one arm under the victim's neck and shoulder, and the other arm under victim's lower back | | |
| 5. MET 2 ASSUMES PROPER POSITIONING | MET 2 places one arm under the victim's knees and one arm above the buttocks | | |
| 6. LIFTING THE PATIENT | On command from MET 1, both lift victim to their knees and roll victim in toward their chest | | |
| 7. RESCUERS STAND WITH PATIENT | On command from MET 1, both stand with victim using proper body mechanics | | |
| 8. RESCUERS LOWER THE PATIENT | MET 1 and MET 2 reverse procedure to lower patient as in steps 6 and 7 | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 14

ADULT 1-RESCUER CPR

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. ESTABLISH UNRESPONSIVENESS | A. Tap or gently shake shoulders | | |
| | B. Shouts "are you okay?" | | |
| | C. Determines unresponsiveness without compromising possible c-spine injury | | |
| | D. Call 911 | | |
| 2. OPEN AIRWAY | A. Correctly executes head tilt-chin lift maneuver | | |
| | B. Correctly executes jaw thrust maneuver, if possible spinal injuries exist | | |
| 3. CHECK FOR BREATHING | A. Look, listen and feel for air exchange for 5 - 10 seconds | | |
| | B. Maintains open airway | | |
| 4. VENTILATE PATIENT (USING ONE WAY VALVE MASK) | A. Seal mouth and nose with mask | | |
| | B. Ventilate patient: give 2 slow breaths (1 second per breath) – allow for chest deflation after each breath | | |
| 5. CHECK FOR CAROTID PULSE (SIGNS OF CIRCULATION) | A. Locate Adam's Apple with two fingers (index and middle fingers) | | |
| | B. Slide fingers into grove, on same side of neck as rescuer, between windpipe and neck muscles | | |
| | C. Feel for pulse for 5 – 10 seconds Note: If pulse is found, provide rescue breathing (1 breath every 5 - 6 seconds, If no pulse is found, prepare for chest compressions | | |
| 6. POSITION FOR COMPRESSIONS | A. Kneel by victim's shoulders | | |
| | B. Locate breastbone (sternum) | | |
| | C. Place heel of one hand on lower half of breastbone (between the nipples) and the other on top of the first hand. | | |
| | D. Keep shoulders over breastbone, with arms straight | | |
| 7. DELIVER CHEST COMPRESSIONS | A. Deliver 30 smooth chest compressions (one cycle) while maintaining proper body positioning | | |
| | B. Little or no weight left on chest during upstroke but contact is maintained | | |
| 8. VENTILATE PATIENT BETWEEN COMPRESSION CYCLES (USING ONE-WAY VALVE MASK) | A. Seal mouth and nose with mask | | |
| | B. Ventilate patient: give 2 slow breaths (1second per breath) – give enough air to make chest visibly rise and allow for chest deflation after each breath | | |
| 9. CONTINUE CPR | A. Continue 30:2 until an AED or EMS arrive or the patient shows signs of life | | |
| | B. Check for presence of pulse after one minute and then every few minutes thereafter | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 15

COMPLETE AIRWAY OBSTRUCTION (CONSCIOUS PATIENT)

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. INITIAL ASSESSMENT | A. Rescuer determines presence of complete airway obstruction | | |
| | B. Ask "Are you choking?" or "Can you speak?" | | |
| 2. DELIVERS ABDOMINAL THRUST | A. Positions self behind patient | | |
| | B. Support victim with rescuers body | | |
| | C. Wrap's arms around victim's waist | | |
| | D. Places one fist with thumb side toward and against the victim's abdomen, slightly above the navel and well below the xiphoid | | |
| | E. Grasp fist with other hand | | |
| | F. Delivers inward and upward thrust (5 thrusts recommended) | | |
| | G. Each thrust is a separate distinct movement | | |
| | H. Thrusts are continued until foreign body is expelled or victim becomes unconscious | | |
| | If patient is pregnant or obese – deliver chest thrusts. | | |
| 3. DELIVER CHEST THRUSTS | A. Positions self behind patient | | |
| | B. Supports patient under armpits | | |
| | C. Encircles victim's chest with their arms while maintaining support | | |
| | D. Places one fist with thumb side towards and on the middle of the breastbone | | |
| | E. Avoids pressure on the xiphoid and margins of the rib cage | | |
| | F. Grasp fist with other hand | | |
| | G. Perform backward thrust until foreign body is expelled or victim becomes unconscious | | |
| | H. Administering thrust with the intention of relieving the obstruction ( 5 thrusts) | | |
| 4. CONTINUE THRUSTS | Repeat thrusts until the object is expelled (obstruction relieved) or the victim becomes unresponsive | | |
| | If victim becomes unresponsive (loses consciousness) – continue with Skill Number 16 | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 16

AIRWAY OBSTRUCTION (VICTIM LOSES CONSCIOUSNESS)

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. POSITIONING OF VICTIM AFTER LOSS OF CONSCIOUSNESS | A. Rescuer places victim in supine position, and assess responsiveness | | |
| | B. If unresponsive call 911 | | |
| 2. OPEN AIRWAY AND ASSESS BREATHING | A. Look, Listen, and Feel for 5 – 10 sec.<br>B. No breathing, attempt to provide two slow breaths<br>C. If chest rise is inadequate, reposition the head and try to ventilate again | | |
| | D. Remove object if you see it | | |
| 3. ASSUME CPR POSITION | A. Begin CPR compressions | | |
| 4. ATTEMPTS VENTILATION<br><br>NOTE: USE OF ONE WAY VALVE MASK | A. Correctly makes effort to administer 1 or 2 rescue breaths; Remove object if you see it | | |
| | B. If successful, check pulse | | |
| | C. If unsuccessful, reposition victim's head (using head tilt-chin lift or jaw thrust maneuver) and attempt to administer one or two more rescue breaths. If still unsuccessful…. | | |
| 5.CONTINUE CPR | A. Provide CPR until AED or EMS arrives | | |
| | | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 17

AIRWAY OBSTRUCTION (UNCONSCIOUS VICTIM - UNWITNESSED)

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. ESTABLISH UNRESPONSIVENESS | A. Tap or gently shake shoulder | | |
| | B. Shouts "are you okay?" | | |
| | C. Determines unresponsiveness without compromising possible c-spine injury | | |
| | D. Call 911 | | |
| 2. OPEN AIRWAY | A. Correctly executes head tilt-chin lift maneuver | | |
| | B. Correctly executes jaw thrust maneuver, if possible spinal injuries exist | | |
| 3. CHECK FOR BREATHING | A. Look, listen and feel for air exchange for 5-10 seconds | | |
| | B. Maintains open airway | | |
| 4. ATTEMPTS VENTILATION<br><br>NOTE: USE OF ONE WAY VALVE MASK | A. Correctly makes effort to administer 1 or 2 rescue breaths | | |
| | B. If successful, check pulse | | |
| | C. If unsuccessful, reposition victim's head (using head tilt-chin lift or jaw thrust maneuver) and attempt to administer one or two more rescue breaths. If still unsuccessful…… | | |
| 5. ASSUME CPR POSITION | A. Begin and Continue CPR until AED or EMS arrives | | |
| | | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet Number 18

ADULT 2-RESCUER CPR

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. ESTABLISH UNRESPONSIVENESS | A. Tap or gently shake shoulder | | |
| | B. Shouts "are you okay?" | | |
| | C. Determines unresponsiveness without compromising possible c-spine injury | | |
| | D. Call 911 | | |
| Note: Rescuer Number 2 (rescuer remaining) should perform Functions 2. thru 5. | | | |
| 2. OPEN AIRWAY (RESCUER NUMBER 2) | A. Correctly executes head tilt – chin lift maneuver | | |
| | B. Correctly executes jaw thrust maneuver, if possible spinal injuries exist | | |
| 3. CHECK FOR BREATHING (RESCUER NUMBER 2) | A. Look, listen and feel for air exchange for 5 – 10 seconds | | |
| | B. Maintains open airway | | |
| 4. VENTILATE PATIENT (USING ONE WAY VALVE MASK) (RESCUER NUMBER 2) | A. Seal mouth and nose with mask | | |
| | B. Ventilate patient: give 2 slow breaths (1 second per breath) – allow for chest deflation after each breath | | |
| 5. CHECK FOR CAROTID PULSE (SIGNS OF CIRCULATION) (RESCUER NUMBER 2) | A. Locate Adam's Apple with two fingers (index and middle fingers) | | |
| | B. Slide fingers into grove, on same side of neck as rescuer, between windpipe and neck muscles | | |
| | C. Feel for pulse for 5 – 10 seconds Note: If pulse is found, provide rescue breathing (1 breath every 5 - 6 seconds, about 10 to 12 breaths per minute). If no pulse if found, prepare for chest compressions | | |
| Note: Both rescuers begin working in unison | | | |
| 6. POSITION FOR COMPRESSIONS (RESCUER NUMBER 1) | A. Kneel by victim's shoulders | | |
| | B. Locate breastbone (sternum) | | |
| | C. Place heel of one hand on lower half of breastbone (between the nipples) and the other on top of the first hand | | |
| | D. Keep shoulders over breastbone, with arms straight | | |
| 7. DELIVER CHEST COMPRESSION (RESCUER NUMBER 1) | A. Deliver 30 smooth chest compressions (one cycle) while maintaining proper body positioning | | |
| | B. Little or no weight left on chest during upstroke but contact is maintained | | |
| 8. VENTILATE PATIENT BETWEEN COMPRESSION CYCLES (USING ONE-WAY VALVE MASK) (RESCUER NUMBER 2) | A. Seal mouth and nose with mask | | |
| | B. Ventilate patient: give 2 slow breaths (1second per breath) – give enough air to make chest visibly rise and allow for chest deflation after each breath | | |
| 9. CONTINUE CPR (BOTH RESCUERS) | A. Continue 30:2 until an AED or EMS arrive or the patient shows signs of life | | |
| 10. CHECK PULSE AND BREATHING (RESCUER 2) | Check for presence of pulse after one minute and then every few minutes thereafter (check for breathing simultaneously) | | |

MINE EMERGENCY TECHNICIAN (MET) Skill Sheet No. 19

ESTABLISHING AIRWAY, SUSPECTED CERVICAL INJURY

| RECOMMENDED FUNCTION | CRITICAL SKILL | Y | N |
|---|---|---|---|
| 1. STABILIZE HEAD | Restrains victim's head and neck to avoid voluntary or involuntary movement causing flexion, hyperextension rotation or lateral movement of the victims neck | | |
| 2. OPEN THE AIRWAY | A. Use modified jaw thrust maneuver without causing hyperextension of victims neck | | |
| | B. There should be no movement of the victims head or neck that would compromise the suspected cervical injury | | |
| 3. CHECKS FOR BREATHING | A. Rescuer takes a full 5 - 10 seconds to check for breathing | | |
| | B. States, victim is breathing | | |
| 4. MAINTAIN OPEN AIRWAY | Do not compromise suspected cervical injury | | |